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CALIFORNIA
Medical and Surgical Reporter

VOLUME 2 LOS ANGELES, CAL., MAY, 1906. NUMBER 5

ORIGINAL ARTICLES.

MEDICAL JURISPRUDENCE.

SOME COURT ROOM EXPERIMENTS.

By MR. FORCE PARKER, Los Angeles, Cal.

Some years ago a defendant on trial for frauds in representing that he was able to answer sealed letters addressed to deceased friends offered to prove his power by practical experiment before the trial court. From the point of view of scientific inquiry and investigation it might have been an interesting experiment. But the court was of the opinion that the defendant's power was incapable of actual proof whatever appearances might result during the experiment, and refused the offer. The issue raised by the offer involved the possibility of mental communication between the living and the dead. And the question arises, would it be proper in such cases to introduce expert testimony in court room tests as to the power of the human brain to establish such communication. It seems not. U. S. V. Ried, 42 Fed. Rep. 134.

An offer of another Court Room experiment was also rejected where a cross-examining attorney, to show an imperfection in the eyesight of a witness, requested him to attempt the recognition of certain persons across the street. This may seem a practical test of the clearness or lack of clearness with which the witness observed other things concerning which he had been testifying. But the judge discovered that neither he nor the jury could recognize the person sent across the street, and ruled out the experiment as not testing for an average eyesight. Undoubtedly expert testimony by an oculist accompanied by a court room test under his direction, would have been received as to the condition of the witness's eye. Heath v. State, 91 Ga. 106.

In the above cases the practical experiments seem to have been rejected as encroaching upon the field of the expert or the oculist, the mental expert in the first instances and the oculist in the other. Turning to tests of intoxication, however, a different rule seems to apply, and we find the opinion and experience of common observation accepted by the court.

To prove that a certain beverage was mon-intoxicating, the defendant offered to have it mixed at the trial with necessary explanations as to the ingredients of which it was composed and the process of combination, and also as to the physical effect scientifically considered that would necessarily result to the human system from drinking it. But the experiment offered did not include the actual drinking of the concoction nor an observation at the trial of the result of drinking it. The court ruled that there was nothing in the experiment proposed which would enlighten the jury as to the effect of the beverage upon a person who might drink it; and rejected the experiment.

The theory of the defense seems to have been that the opinion of a competent and analytical chemist as to the effect of a mixture on the human system should be received in evidence. But such a contention it seems, extends ex-

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pert testimony beyond its proper limits. Conclusions based upon ordinary observation in matters as common as intoxication are more acceptable to the understanding than academical deductions. State v. Lindoen, 87 Iowa 702.

In proving paralysis a physician as one witness thrust pins into the side of the plaintiff as another witness, the plaintiff testifying that she suffered no sensation of pain. The experiment was allowed as proper. The objection was interposed, however, that the test was not a fair one for the reason that an alleged paralytic might simulate a loss of feeling although suffering from intense pain. Such objection raises the question for the medical expert as to whether such simulation could be successfully maintained under such a test as a Court Room examination. Osborn v. Detroit, 32 Fed. Rep. 36.

ENZYMES.

A Lecture Delivered to the Students of the College of Physicians and Surgeons of Los Angeles, Cal., May 2, 1906.

By THEODORE G. DAVIS, M. D., Professor of Clinical Medicine and Acting Professor of Physiology in the College of Physicians and Surgeons, Los Angeles, Cal.

Enzymes are unorganized physiologico-chemical substances produced by intracellular activities and may have an intracellular or extra cellular existence. They act as ferments or catalytic agents. A catalytic agent is a substance which by virtue of its presence or by contact initiates, accelerates or retards chemical reactions in other substances, without itself, or its derivatives appearing in the end products. Example, the association of manganese dioxide with potassium chlorate in preparing oxygen. As ferrous sulphate hastens the oxidation of glycerine by hydrogenperoxide so do oxidases or oxidative enzymes accelerate the oxidative processes in the body. Of the manner in which these agents act our knowledge is speculative, nor do we know their exact chemical constitution. An exact knowledge of the chemical nature of a catalytic agent has so far thrown little light upon the reaction influenced by it. The isolation of these ferments is difficult and so far, the salting out process, by various chemical salts has given best results. The study of these ferments promises to be of great significance. The whole field of internal assimilation comes within its scope metabolic and catabolic, physiological and pathological and probably the question of immunity and resistance to disease. These substances are of complex chemical constitution the relations of which is easily disturbed, and the size of the molecule being a proteid associated with a basic element, suggest a mass action. The ultimate chemical composition of some of these ferments has been determined and have been found to contain carbon, hydrogen, nitrogen, oxygen, together with one or more other elements as sulphur, magsesium, calcium, sodium, potassium, mannanese or iron. Most of the enzymes are named from the substance acted upon or the effect produced. It has been shown that the enzymes called oxidases and peroxidases contain manganese or iron combined with a proteid and it occurred to me when studying hemoglobin that its action was that of an oxidase. Besides these oxidases blood contains at least four other enzymes, a sugar converting enzyme, a lipase or fat changing; a protelytic and a coagulating enzyme. Most important among the enzymes are the oxidases and other hydrolytic enzymes. These produce changes in the hydroxyl grouping of carbohydrates and proteids by which the harmonious arrangement of the molecules constituting the complex molecule is disturbed and in the proteid split asunder being resolved into various amino-acids. Most of these changes are oxidative or hydrolytic in character and when affecting proteids, are called proteolytic and resemble the changes produced during

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digestion of proteids by pepsin and trypsin, with which we are more fully acquainted. The enzymes which are concerned with digestion of various carbohydrates in order to prepare them for assimilation, I simply mention. They take their name from the substance acted upon or the manner in which they act as amylolytic, diastatic, sugar splitting and inverting enzymes; an enzyme coagulating albumens, one splitting them into their constituent molecular groups called proteolytic and a steatolytic or fat splitting enzyme also called lipase; besides there probably are other enzymes having oxidative and hydrolyzing power. There also exist substances called kinases which have the power of rendering zymogens active, the best known being enterokinase which converts trypsinogen into active trypsin and thrombo-kinase changing prothrombin into thrombin. The lipase or fat splitting enzymes are so important both in physiology and pathology that they deserve particular mention. They have the power of splitting the molecule of fat into its component parts and of rebuilding the molecule from its constituents, having constructive metabolic as well as katabolic functions, and it is believed that the other enzymes may have similar power, and a double function. Of special importance to pathologists and medical men is the process termed autolysis which follows upon interference with normal metabolism due to pathological changes of every grade from cloudy swelling to actual necrosis and death of the part or of the entire body, when the term autolysis is most frequently applied. These changes are due to substances present in the cells themselves and it is interesting to note that the so called resolution of an exudate, as in pneumonia, is due to the action of a proteolytic ferment by which the fibrin and its entanglements is softened and changed into easily assimilable products which serve to stimulate over production of adjoining connective tissue cells, or are absorbed. If pus forms here or elsewhere it is due to the action of another autolytic ferment called achalme, and closely associated with this change is the production globules of fat when we again see evidence of the action of a lipase. I have not spoken of the hemolysins, but it seems probable that our knowledge of the actual construction of enzymes may come from this source as the chemical product of the union of the cobra-hemolysin with the lecithin of the red-blood-corpuscle has been obtained and its chemical composition determined.

THE REPORT OF A CASE OF MUCOUS MEMBRANE GRAFTING FOR A RECURRENT PTERYGIUM, TOGETHER WITH SOME NOTES ON PTERYGIUM.

By ROBERT W. MILLER, M. D., Los Angeles, Cal.

This case was shown at a meeting of the Eye, Ear, Nose and Throat Section of the Los Angeles County Medical Association, March 5th, 1906.

Its presentation evoked a very interesting discussion in which almost all the members present participated.

Mr. C. B. M. Act. 38, locomotive engineer, came to me about four years ago on account of a rather large and vascular pterygium on the nasal side of his right eye.

After preliminary treatment for the purpose of allaying irritation and congestion, it was removed by excision, the wound carefully closed with delicate silk sutures, and union practically by first intention secured.

At this time nothing save the patients occupation, which necessitated unusual exposure of the eye to irritation, by heat, glare, sand and alkaline dust, seemed to warrant unusual solicitude in regard to a return of the growth.

Three months after operation there was no return, but within a year the en-

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croachment upon the cornea was such as to again demand interference. At this time transplantation downward was done, the head of the pterygium being well tucked beneath the conjunction, and secured in place by a delicate suture. One or two sutures closed the gap above, from which it had been taken. Indications of a new growth at the original site were noted within a few weeks, and approximately one year after this operation, the growth was broader, thicker and more vascular than before, so after a careful removal from its corneal attachment, it was split longitudionally, and the segments transplanted above, and below, after the method of Knapp.

This proving but temporarily successful, and a growth of increased size, and vascularity with encroachment upon the pupillary area, appearing within fifteen months after the last operation, I decided to try a graft of mucous membrane to cover the area of the growth, after its removal.

The direction of the fibres and vessels and shape of the growth were always such as to leave little room for doubt, as to its character. Increased vascularity and corneal degeneration were noted as time went on, and at the time of operation it was with extreme difficulty, that the growth and vessels were freed from the cornea.

The haemorrhage during the operation was unusually troublesome, and suprarenalin extract was impotent to afford reasonable control.

About January 12th, of the present years, with the assistance of Dr. W. W. Murphy, I removed the growth from the cornea, and a portion from over the sclera, covering an area five or six millimeters in the horizontal, and fifteen millimeters in its vertical diameter.

The growth was highly vascular, and as at previous operations the portion attached to the cornea, was observed to be very firmly adherent, or rather to have displaced the corneal substance and was of such density and hardness, that it seemed much more like cartilage, or hard wood, that a typical pterygium.

The corneal degeneration was very pronounced, and extended deeply, the area exposed by operation showing numerous vessels from which the blood persistently flowed, as if squeezed from a sponge. After the haemorrahage was controlled, a strip of mucous membrane taken from the lower lip was first immersed in a warm normal salt solution, trimmed to the proper size, transferred to the denuded scleral area and secured by two delicate silk sutures at the upper and lower extremities, and one on the nasal side.

Union throughout the entire extent of the graft was noted the fourth day after operation. The present condition is promising. This, however, must be regarded rather as a preliminary, than a complete report.

The vision of the eye remains good (viz. 20-30 with correction), but an astigmatism of 1.25 D, ax 180 degrees has developed during the course of the disease.

ETIOLOGY OF PTERYGIUM.

While some writers have been inclined to the belief, that these growths result from a single and common cause, careful observation seems to indicate, that such is not the case.

Arlt proposed the theory, that ptery gium always has its origin in a small superficial marginal ulcer of the cornea. Some such cases had been noted by W. Lawrence prior to Arlts' announcement.

Poncet's theory is, that pterygium is a parasitic product, its advance being due to microbia (parasitic vibriones), which he finds beneath the head of the pterygium, and which are asserted to tunnel their way beneath the corneal epithelium.

Fuchs of Vienna, holds that pterygium always originates from pinguecula. Among those in this country, who particularly dissent from this view, are Knapp of New York, and Savage of Nashville. However, it is doubtless true, that some cases of pterygium do originate in pinguecula, the point of difference being that only an undetermined

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percentage, and not all cases are of such origin.

While the above recognized causes together with purulent ophthalmia must be recognized as etiologic factors, none of them account for the almost universal situation of the growth, viz. on the nasal side of the eye-ball.

The great majority of the cases, which I have observed, appeared primarily in the conpunctiva, the head or apex, being from one to three m. m. from the limbus of the cornea. I have, however, noted a number of cases, especially the past year, that were associated with a small superficial marginal ulcer of the cornea. In some of these cases, a differential diagnosis between simple phlyctinule, and incipient pterygium, with a minute marginal ulcer, has been difficult, until the effect of a few days treatment served to make it clear.

Eye-strain, together with heat, glare, wind, dust, irritating vapors or gases, and all agents and influences that tend to maintain a continued irritation, and hyperaemia of the conjunctiva, should be recognized, as possible etiological factors in the production of this disease.

The importance of prophylaxis is obvious, and of these measured, the accurate correction of refractive errors should never be overlooked.

Since the internal rectus is the strongest of the extrinsic group, and the most active, and has its attachment nearest the corneal margin, it seems probable, that in a large proportion of cases it is intimately concerned in the production, and in determining the location of pterygium.

SOME PERTINENT FACTS IN TREATING IRRITABLE BLADDER WITH GALVANISM

By MARCELLUS R. TOLAND, M. D.

Professor of Electro-Therapeutics, College of Physicians and Surgeons, Los Angeles, Cal.

I will have reference principally to irritable bladder caused by diseased prostate in old men, who suffer intensely and almost continually from a desire to urinate, and after passing what urine they can their sufferings are almost agonizing. It is these dear old men then who need everything for their relief we can give them.

Many cures have been reported by different methods of electricity. We can with the galvanic current properly administered in conjunction with our best internal medicines as well as instillation of a weak solution of silver nitrate, make our patients more comfortable than by any other treatment.

By this method we may obviate the necessity of destruction, incision, enucleation, or prostatectomy, all of which as a rule give unsatisfactory results. It it not reasonable to expect a cure invariably, as the painful complications have already undermined the constitution of these infirm old patients. Yet we can, as stated above, make the last days of these sufferers as comfortable by the proper use of galvanism, and in my opinion more so, than by any radical, surgical treatment.

The positive pole must be the only pole applied to the prostatic urethra in these cases, and the pole causes the electrode to stick, therefore some way must be devised to prevent the sticking of the *copper* electrode to the mucous membrane of the deep urethra. Neiswanger of Chicago has given to us a very fine hard rubber perforated shield, through the center of which a twisted copper wire extends to the closed lower end of the shield. Wrap lightly around the end of this twisted *copper* wire electrode absorbent cotton for about two inches, saturate the cotton with ten per cent. normal tincture thuja, and insert in the perforated rubber cathether. Introduce this electrode down to the prostatic urethra, or into the bladder if possible, and connect to the positive pole of the cabinet or battery.

The negative pole must be large and

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well wetted with warm water with a little soda bicarbonate or salt in it. With the positive electrode lubricated with a solution of tragacanth which is a good conductor, it can be very easily introduced to place. Turn on five to ten milliamperes for ten minutes, *no longer*, every four to five days and the patient will improve after each and every treatment. In this way these patients will be made more comfortable than with any other treatment. *Observe the strength of current, time length of treatment, and interval of time between treatment.*

Caution: Don't try to do too much at one time, but be careful and do it in the right way and success will follow.

A CASE OF INTESTINAL OBSTRUCTION.

By EDWIN HARDY WILEY, M. D., Los Angeles, Cal.

We donot see surgical cases in their incipiency when mild treatment might relieve a condition which in the course of a few hours becomes so serious as to require immediate operation. Frequently the condition, even if seen early, is difficult or impossible to diagnosticate positively. In this respect, nothing offers more difficulties than intestinal obstruction. In point of diagnosis a case recently observed is interesting. The patient, a waiter, about middle age, gave the following history. He had always been healthy, with the exception of asthma. He arose at 5:20 a.m., and in dressing, put his right foot upon a trunk, to tie his shoe. He being a short man and heavy, and the trunk being high, the position was necessarily cramped while tieing the shoe he was taken with an agonizing pain in the abdomen, in spite of which he rode down to his work, though in distress. He vomited twice. He was seen one and a half hours after the onset; skin pale and covered with cold sweat. Expression denoted great pain, pulse rapid and small; pain all over the abdomen; worse in the right upper quadrant and behind. Examination of abdomen demonstrated on right side, from ribs to within an inch of anterior superior spine of iliuma. A rather tense tumor. This was also palpable in the flank. Palpation caused considerable pain. Patient stated pain was steady in character. Said his bowels had moved slightly since onset, and that pain was augmented at that time. He had no urinary trouble. Palpating a second time the right side of the abdomen; no tumor could be felt, and patient stated he felt better. In a few moments pain had completely disappeared, and in a few hours he resumed work, feeling only a little weak and dizzy. There was a second bowel movement shortly after disappearance of the tumor. The sudden appearance of a mass in this situation with the accompanying symptoms could come only from a displaced kidney or a vohvulus of the intestine. Against the first, is the fact that the pain was not paroxysmal; that there was no disturbance in urinary function, and that after manipulation tumor was not palpable as an enlarged kidney should have been, even had the anterior pole fallen forward kinking the vessel and ureter. The sudden onset while in a strained position, in a man passed middle age, the elastic character of the tumor, with its sudden disappearance on manipulation, followed by cessation of all symptoms justifies the belief that this was a case of partial volvulus reduced an hour and a half after onset. If this diagnosis is correct the case is rather unusual, as most of them come early or late to the operating table, and such fortunate endings are only too rare.

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THE MAMMA, ITS PHYSIOLOGICAL PURPOSES

Its coarse and and finer anatomical elements in their bearing on some of its pathological affections.

By THOMAS H. MANLEY, M. D., New York

(Abstract.)

If we appreciated the treatment of the numerous pathological conditions of the female breast with a more complete knowledge of its functions, purposes and of its complex structures we would hesitate longer, and more frequently resort to conservative methods, rather than hastily resort to its total sacrifice by amputation in various diseased conditions of it.

Those large projecting pyramidal, pectorial bodies in the adult are at once an integral part of the sexual-system, besides serving an important cosmetic purpose, providing protection to the anterior wall of the thorax and supplying nutriment to the new-born.

It is the only secreting organ calling for a vacuum to drain it, and discharging directly on the surface.

The description of its structures, by nearly all anatomists is faulty, inadequate and misleading.

Our faith in the teachings of writers on anatomy is so settled that to even question their accuracy has been regarded as a stupid effrontery.

We have all been taught that the breast is a "gland with a capsule."

Testut denies that it is a gland, but an aggregation of widely scattered, separate secreting lobes, each one opening on the surface of the mammella independently of the other.

The mamma has an excessive fibrous development in its parenchyma the membrana-cribosa—without any definite organization or arrangement, stretching from the armpit to the sternum and from the clavicle to blend below with the abdominal-aponeurosis; but it constitutes no capsule, and is so intermingled with the panniculus-adiposus, the secreting lobes and lobules, as well as with the overlying integument that its complete separation is impossible. The adipose-tissue of the breast is of a deep yellow color, its proportion varies, but in corpulent individuals it constitutes the main volume.

It lies in a deep layer over the secreting structures; fringes and corpuscles of it everywhere permeate the parenchyma.

There are four sets of independent secreting glands in the mammary body. First the sudoriporous and sebaceous in their overlying adherent integument; Second, the sebaceous or oleagenous in the tissues of the mammella; Third, diminutive, tributaries in the areola; Fourth, the lobular isolated lobes of the mamma. The latter drain into the galactiferous ducts, which open separately on to the surface of the mammella.

The milk-ducts pursue a radiating direction as they extend inward and break up in canaliculi in the lobules.

A critical dissection of the breast during the function of lactation, will display the lactiferous-ducts varying widely in diameter and length; just as we will find some of the lobes diminutive, and others of considerable volume. The nipple is made up of white and yellow elastic-tissue, gallactiferous-tubes having a cutaneous investment. The nipple contains no angiomatous-tissue nor muscle-fibre, and hence, strictly speaking, it is not an erectile organ, it is sometimes rudimentary, and often deformed through congenital or acquired conditions.

The base of the nipple is guarded by a circular disc of integument of a remarkable histological composition, the areola. This, like the nipple, in its deeper layers is continuous with the fibrous felting of the mamma.

The principal vascular supply to the breast is by the internal-mammary-artery while its larger veins drain into the axillary-trunk.

The most notable feature in connection with its nerve-supply, is the preponderant influence on the sympathetic; no direct connection can be traced in its

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supply from the cerebro-spinal system with that of the generative branches from below.

Lymph nodes are lodged in groups at the outer, upper and inner aspect of the breast, but there is very little lymphoid tissue in the organ itself. Zappey depicts a most elaborate arborescent display of lymph-vessels in the over-lying integument, but several independent investigators have been unable to verify their presence by any description of injection. There can be scarcely any doubt but the importance of the lymph-ganglia has been greatly exaggerated in their relation to function, etc., in the mamma.

The "modern cleaning out," radical operation is based on the unproven assumption that they are the *fons et origo mali* of all serious mammary infections.

In function the mamma is at once a duct and a ductless gland: *i. e.*, it has an external and an internal secretion. We have not isolated in its physiological state, its internal secretion, nor either have we that of the thyroid, the spleen or supra-renal-bodies.

In the child or the maiden, we find its elements as but a shadowy and ill-defined; its acinous arrangement can be scarcely outlined.

In the non-child-bearing and during the intervals of lactation, it is essentially a *ductless*-gland, it discharges no secretion but rather absorbs it, from which we must assume that the maintenance of the new born is but one of the functions of the female mamma.

In two instances of double amputation of the breast coming under my observation in young women for cystic disease, both later married, but neither ever conceived. The complete amputation of both breasts is well known to produce most profound psychological impression, and often when but one is totally removed.

The advent of nearly every variety of organic lesion here is quite invariably ushered in by depression of spirits and spells of distressing melancholy.

Beatsons operation has clearly demonstrated the intimate relations subrising between the breast and the ovaries. In monorchids, in cryptorchids or hemorphrodism, imperfect development of the external male genitals—gynaecomasia —or very large development of the mammae is a most conspicuous feature.

MANUAL THERAPY, AN INVALUABLE AID TO THE ELECTRO-THERAPEUTIST

By DR. JOHN T. RANKIN of Los Angeles, Cal.

The author distinguishes between what he terms *specific* manual therapy and the ordinary stereotyped "massage movements, rubbing and patting" of the nurse and professional masseur. The latter may well be resigned to the layman, but the former is capable of the best results only when personally administered by the trained physician, as its efficient application demands a knowledge of anatomy, physiology, and pathology which is acquired only by the experienced medical practitioner. The physician should no more entrust the manual treatment of pathological conditions to one ignorant of pathological processes, than he should turn his patient over to laymenoff for electro-therapeutic or other treatment. Electro-therapy and manual therapy have suffered greatly because the profession in general have failed to adopt and to personally administer these remedial agents.

Not only was the progress of the system hindered by placing it in lay hands, but the physician came to regard it as beneath his dignity to administer such treatment. The professional mind, however, is changing in this respect, and we are beginning to realize that it is not at all undignified, but an evidence of the liberal code of the regular school, to

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personally use any agent that will benefit our patients.

Whenever the profession by negligence or apathy refrains from the personal use of helpful therapeutic adjuncts, it offers an opportunity for some gold-and-glory-seeking individual to seize upon such adjunct, as a "wonderful discovery," and to make it the basis of a special or sectarian system of practice. And because of our neglect to personally administer manual treatment there has been built up a sectarian school, whose adherents claim that their particular method is the sum total of all that is necessary in therapeutics. This fact should no more deter us from using manual therapy, which is a heritage from our medical ancestors, than should the advent of Eddyism keep us from the rational use of psychotherapy.

Intelligent people prefer to take treatment from legitimate ethical practitioners; from men with standing in their profession and community, and it is only when they cannot secure this treatment from such men, that they seek the services of the irregular. Electrotherapeutics by professional recognition and personal use is climbing from the depths of quackery to an honorable position in the therapeutic list, and along these lines must manual therapy be rescued.

It should not be gathered from the title of this paper that manual therapy is invaluable only to the electro-therapeutist, for the worker in any branch of medicine will find great help in its use, but the electro-therapeutist is coming to be in reality a physical therapeutist, as he deals with practically all the physical forces in treatment, so that this system naturally falls within his province. The writer, by reference to their physiological effects, shows that electrotherapy and manual therapy are peculiarly well adapted to assist and support each other. In practice we may exert an anti-congestive action upon a congested area by the use of the proper electrical current; and we can enhance this action by manual therapy. Pain may be lessened by one agent, and this sedative action markedly increased by the other.

The two methods support each other in their actions upon spasmodic conditions. Contractions and adhesions may be more quickly corrected by the combined method. Functional derangement of any organ will generally respond much more quickly to the influence of these agents used in combination. Symptomatic treatment of organic lesions, where either of these methods is indicated, will be most successful when both are used. When one method is not well tolerated the other may supplant it with success.

The greatest value of manual therapy comes from its power to affect function reflexly through the spinal nerves and centers. It is the author's belief that undemonstrable primary vascular and nutritive changes are of frequent occurrence in the spinal cord, and that though these changes are of a mild character in themselves, they are sufficient to create, in this delicate issue, a condition of nerve unbalance, the manfestations of which may, and likely will, be remote from the effected center. And conversely, that primary visceral derangements often cause a secondary instability of nerve centers with which they have connection. Working under the belief that these changes do often occur, the writer makes it an invariable rule to examine carefully for signs of such trouble, which he says are generally manifested by tenderness upon pressure over the affected center, or at the vertebral emergence of the nerves from that center. He then briefly shows how manipulation can effect these changes in nervous tissue so that normal function will prevail, and outlines a method of manual treatment in nervous dyspepsia, using this simply as an example to illustrate the application of the method which, with necessary variation, may be used with success in a large number of cases.

The paper is concluded with a plea for a thorough trial of electro-therapy and manual therapy in combination.—*Archives of Physiological Therapy.*

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EDITORIAL

RAPID ORGANIZATION

At noon on the day of the great earthquake, Mr. M. N. Eskey, manager of the Pacific Hospital, was requested to procure if possible, seventy-five nurses, eight physicians, and the necessary surgical and medical equipment for them to render the greatest service, to the greatest number in the shortest time. The admirable manner in which he effected the organization, and the completeness as regards every detail, hardly seemed possible in so short a time. He not only communicated with, and secured the services of twenty-five of Los Angeles' ablest physicians, and the flower of Los Angeles trained nurses to the number of twenty-five, but also equipped a train of twenty-five large dry goods boxes, of surgical emergency materials and medicines, that could not fail to cover every immediate need for an army of people, in so far as medical or surgical aid or careful nursing was concerned.

In one hour after boarding the train at Arcade station, Mr. Eskey had the nurses organized in five squads of fourteen each, with a sentinel executive committee of three, and everything ready to work with mathematical position and perfect discipline. Under Mr. Eskey's directions on the field of action, everything went as in the regular army. The readiness with which doctors and nurses alike responded, and the sacrifices of their own personal interest made, and the efficient, tireless, conscientious work done by all, will stand as a monument to the local members of both professions.

C. P. W.

IS THE GENERAL PRACTITIONER A SLAVE?

Here is what takes place during the average doctor's day. At six a. m., after retiring late the night before, the phone rings furiously. The doctor starts from that blissful early morning sleep and grasps the telephone extension at his bedside. "Hello-hello, is this the doctor? Well, this is M—M. I'm just starting for work and I wanted to be sure you would call at our house before you go to your office. Will you be sure to come some time today? Alright, good-bye." The sleepy medical man rolls over and resumes his nap. In fifteen minutes the bell rings again. "Hello-hello" again. "Is this the meat market? No! mistake, good-bye." The doctor mumbles something, and again prepares for a farewell snooze before arising for the day. He begins to feel weary already.

He had gotten through with a confinement case on the Eastside after the cars had stopped the night before, and not having had an opportunity to eat his dinner decently, and being hungry, had indulged in a Hamburg steak, Spanish, at 1:15 a. m. on his way home. He feels unpleasantly reminded of the fact as he looks at his tongue in the glass while dressing. He does not care for breakfast—just a swallow of coffee, and then starts out on his morning calls. He ends his list at the Hospital nearest his office, allowing twenty minutes time to get to his office in time for the first appointment. Before he leaves the Hospital he gets a message that the family who lives four doors from him and half way across the city from where he now is, had sent over to have him come to the house without fail before eight every morning, but they conveyed the message at 9:15. "Oh well, he is a doctor and must come when we want him." This call, which he is tempted not to make but really cannot afford to slight, keeps him from the office until forty minutes after his usual hours. The people waiting at the office grumble, become impatient, and he has to rush them through rapidly for his consultation with Doctor M. at 12:30. The consultation with Dr. M. is delayed because the patient insists on waiting until her husband can be present. The now hungry Dr. has fifteen minutes for his lunch, if he ex-

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pects to have any at all and get to his office for the afternoon hours. He gulps down a glass of milk and a piece of pie at a business men's lunch counter, and rushes to his office. The afternoon passes with its regular gist of the troubles and trials of his clientele. He must soothe the fears of this one, mark out a diet for that one, threaten this one with the danger impending, find a nurse a job, stand off three book agents and two insurance solicitors, answer seven or eight telephone calls of which number, five are silly questions about trivial matters, but which take his time and attention from his work.

At four o'clock, with still four people waiting, he suddenly remembers that his wife's Whist Club meets that evening at X's, and that he must get his work out of the way, shave, dress and be ready to start by eight. Then comes the jingling of the 'phone. Mrs. Z., way out on 40th street, is worried about her boy's tonsils and insists on his coming out that evening; old man T., eighteen blocks in the other direction, has an idea that his medicine should be changed at once and wants the Doctor to come over and see about it. Then there are the regular evening visits. Just as his grip is packed up and he is ready to leave, a man rushes in with a bad scalp wound. The head must be shaved and the stitches put in with care. This finished, it is almost dark, and still much to be done. The doctor nervously fingers his cheek and chin and realizes that his smooth shave has gone glimmering. He rushes through his work, reaches home at 7:45, finds dinner cold and his wife dressed for the evening. He leaps up the stairs, tears off business suit, wiggles into his dress clothes, wrenches on a collar and dabs at his tie, rushes down stairs to his wife and so, finally, worn, cross and not too tidy in appearance, arrives at the home of the hostess. Here he finds that the wires have been working and he must leave at once, for young Mrs. R. (whose confinement case has been pending for several days,) must be seen at once. His wife is left to come home alone in a cab, and he must change his clothes, pack his grip, and sans dinner, sans rest, sans thoughts religious—*go to work again!* J. L. H.

A DELICATE TEST FOR FREE HYDROCHLORIC ACID

An interesting and practical note appears in the April issue of the Journal of the American Association in regard to the use of Di-methyl-amido azo-benzol as an indicator for hydrochloric acid. Dr. Elmer calls attention in the first place to the fact while hydrochloric acid gives a positive test in greatest dilution with this reagent, lactic acid will also give a characteristic reaction diluted to 1500 times and may be a source of error if the test meal is not carefully selected and free from lactic acid. When concentrated solutions of phosphoric acid give the characteristic color with the reagent but are not considered of such importance as a source of error. Dr. Elmer finds a test meal composed of one shredded wheat biscuit and 300 cc. of water after testing shows no trace of hydrochloric acid and not enough lactic acid to respond to Wffelmnn's test. It is recommended that the patient be starved for from 8 to 12 hours before the meal test, and then withdraw the test meal after three-quarters of an hour. If lactic acid is found in the stomach in excess during digestion of this meal, this source of error is eliminated by diluting the stomach contents and applying the Kelling test, which reaches to 22,000 solution. If a positive test for lactic acid be obtained he estimates the amount and quantity from the free hydrochloric acid. With these precautions the Di-methyl-amido-azo-benzol test can be used as the most delicate test for free hydrochloric acid, at all times and results corrected as indicated.

E. L. L.

A MODEL DISPENSARY

The College of Physicians and Surgeons of Los Angeles, located on the corner of Trinity and Washington sts.,

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is noted for its thorough equipment in all the teaching departments, particularly the clinical department, of which there are eight, each being in charge of an attendant making a specialty of that particular department.

The hours are one to three P. M., all well patronized by the needy poor of the city.

Such an institution certainly must fill a long felt want in the southeast portion of the city.

This dispensary is owned and controlled by the faculty of the College of Physicians and Surgeons of Los Angeles, and has no connection with the Angelus hospital, except that the hospital may receive such clinical patients as apply at the dispensary.

A fully equipped drug department is maintained in connection with the department, and in charge of a competent registered druggist.

We predict a brilliant future for both the College as a medical institution, and the dispensary as a necessary annex for clinical purposes, and for the proper education of students.

R. H. B.

STOKES-ADAMS EPILEPSY

The symptomatology of Stokes-Adams Disease, or as it is otherwise called, Stokes-Adams Syndrome, consists of first, slow pulse (20 to 30 per minute); second, attacks of syncope, dizziness, unconsciousness or epileptiform seizures; and third, venous pulse much more rapid than in the arteries, being sometimes two, three, or even four times as rapid.

Erlanger of Johns-Hopkins has been able to reproduce this group of symptoms in dogs by constricting the auriculo-ventricular bundle of His. This bundle of muscular fibers is evidently the path over which the impulse of constriction travels from the auricle to the ventricle. Constriction of the bundle causing the impulse to beat with a ryhthm entirely independent of that of the auricle.

The attacks of unconsciousness and convulsions which have been noted in this disease have at times simulated the attacks taking place in the course of epilepsy very closely. It is probable that many cases of convulsions heretofore diagnosed as epileptic have been really manifestations of Stokes-Adams Disease. A case has recently been reported from the University of Pennsylvania Hospital in a man fifty five, who showed unmistakable signs of arterial disease. He had typical epileptiform convulsions, but also had a slow pulse and the rapid veinous pulse. The post-mortem showed a sclerotic patch in the neighborhood of the muscular bundle of His. The attacks had only begun a year before his death and would have been diagnosed as epilepsy had not the history been known, and the port-mortem conditions ascertained.

Given the presence of convulsions or attacks of unconsciousness coming on late in life, and with no previous history pointing toward actual epilepsy, and with the presence of somewhat hardened arteries the diagnostician's attention should be immediately directed toward ascertaining the rate of the pulse, both during the attack and during the intervals, and also toward determining the rate of the veinous pulse at these times.

The combination of slow arterial pulse, rapid veinous pulse with attacks of unconsciousness, or even slight dizziness leads direct to the suspicion of grave cardiac disease.

BOOK REVIEWS

DISEASES OF THE EAR, NOSE AND PHARYNX, by D. B. St. John Roosa, M. D., L. L. D., Professor of Diseases of the Eye and Ear in the New York Post Graduate Medical School and Hospital; Consulting Surgeon to the Brooklyn Eye and Ear Hospital; formerly President of the New York Academy of Medicine, etc., and Beaman Douglass, M. D., Professor of Diseases of the Nose and Throat, in the New York Post Graduate Medical School and Hospital; Fellow of the New York Academy of Medicine, etc. The MacMillan

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Company, New York City. Price $3.00. This work treats in a comprehensive way, for the students and practitioners of medicine, the latest accepted methods of dealing with the diseases of these organs. The diseases of the nose, throat and pharynx are carefully handled, these organs bearing so important a relation to the ear that the author has laid unusual stress on the pathological conditions to which they are liable. Especial stress has been laid upon the acute and dangerous conditions of the middle ear. The preventive treatment directed to the end of avoiding ultimate surgical termination has been brought out with great clearness by the author. The general knowledge of the profession in these diseases has been increased to such an extent that many minor points which usually take up space in other works have been studiously omitted to make space for more essential matters. The diseases of the nose and throat are skillfully interwoven to make up a most interesting volume.

J. L. HAGADORN, M.D.,
Associate Professor of Medicine, College of Medicine of the University of Southern California.

THE WORLD'S ANATOMISTS. Concise Biographies of Anatomic Masters, from 300 . C. to the present time, whose names have adorned the literature of the medical profession. By G. W. H. Kemper, M. D., Professor of the History of Medicine in the Medical College of Isdiana, Indianapolis, Ind. Revised and Enlarged from the original serial publication in the Medical Book News. With eleven illustrations, nine of which are portraits. P. Blakiston's Son & Co., 1012 Walnut Street, Philadelphia, Pa. A Synopsis of the world's Anamnesis by G. W. H. Kemper, M. D. of Indianapolis, Ind. P. Blakiston's Son & Co., Publishers. This work must prove very attractive reading for every Physician and Surgeon who pretends to keep up with the times.

Anatomy is our greatest and most difficult science, and only by continued application and with the aid of the latest text books and practical work on the Cadaver are we able to retain our anatomical knowledge.

We speak of structures named from our former masters and discoverers such as Arnold, Bauhin, Cooper, Marshal, Corti, Deaver, Treves, Galen, Gerlach, Piquet, Margagni, Paupart, Scarpi and a hundred or more others. A life history of these men combined in one volume, canot but make a valuable addition to every medical library.

R. H. BURTON, M. D.,
Professor of Anatomy, College of Physicians and Surgeons.

A COMPENDIUM OF OBSTRETRICS, especially adapted to the use of medical students and physicians. By Henry G. Landis, A. M., M. D., Late Professor of Obsterics and Diseases of Women in Starling Medical College. Price $1.00.

To the student, the practitioner and the medical man who intends taking a State examination this little book is invaluable. A large amount of knowledge in a small space makes it possible to carry the book in your pocket and bring it out for study when you have a few coments to spare.

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These Sectional Manikins elegantly printed, colored and mounted, together with a Key thoroughly explaining the illustrations on the opposite page, should be in the hands of every student and practitioner of medicine. Blakiston's Sectional Manikins are not only works of the highest artistic value, but strictly correct in all the minutest details.

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THE NATURAL LAWS OF SEXUAL LIFE.

Medical-Sociological Researches By Dr. Anton Nystrom, Stockholm; Authorized Translation From The Third Swedish Edition By Carl Sandzen, A. M., M.D., Ph. D. The Burton Company Medical Publishers, Kansas City, Mo., 1906.

The ignorance regarding sexual conditions prevailing among the laity, married and single, causes constant suffering, unhappiness and diseases. Enlightened men and women have for some time past endeavored to spread knowledge of general hygienic conditions, but very little has been done for education in sexual matters, and the sexual life, which is fully as essential as the knowledge of digestion, diet, breathing, chemical constitution of air, etc.

Works have been published purporting to cover this subject, but they usually have been lacking in scientific truth and purpose far more so than books dealing with other biological questions. The sexual function is closely related to the moral, and consequently, theology, with its supernatural ideas, etc., has influenced many writers to such a degree that their views and opinions of morality have been false and onesided; therefore, the relations between sexual instinct and will power have been displayed in a false light, a theological rather than a physiological.

Obstacles to the normal gratification of the natural function necessarily lead to misery, melancholy and aversion to life. The most deplorable condition is, that in the development of culture it has led to such abnormal social conditions that many young men and women must dismiss every hope of marriage at an early age, and consequently are forced to live an unhappy sexual life. The normal expression of life itself, and the abnormal social conditions with their sufferings, evoked by prevailing prejudices and false ideas of morality, have taught what sexual life is, and compelled us to understand the requisite of the same. The sexual conditions have their shadows, and we must witness many degrading, low, horrible things, but we also see magnificent expressions of greatness and idealism. The idealism of sexual life can only be understood by the naturalist. Nature, despite its many shortcomings, is full of beauty and sources of happiness, and one certainly may derive benefit therefrom, if one only understands nature aright. Everywhere in the civilized world the question of battling against prostitution is a vital one, as it is followed by misery in many forms, dreadful venereal diseases, etc. etc.

MISCELLANY.

Kernig's Sign.—When the thigh is flexed at right angle to the abdomen, the leg can be extended upon the thigh nearly in a straight line (Osler). In cases of meningitis this sign may be elicited; it is here due to strong contracture of the flexors, which prevent the full extension of the leg on the thigh.

The form and substance of a skeleton was recently seen to be projected upon the shade of a lighted room in a London house. This gruesome spectacle excited fear and indignation, until it was learned that a lecture on first aid to the injured was in progress, the skeleton having been used as a model.

Inflammations of the pleura, states *The International Journal of Surgery,* are so often of tuberculous origin that it is well to treat all these cases as if they were actually tuberculosis. Hence, after operations upon the pleural cavity an antituberculous plan of treatment should be pursued and the patient kept under observation for some time.

An oxygen hospital was recently opened in London. On this occasion the wards were inspected by the visitors who saw consumptive patients in glass-enclosed cubicles, into which purified and oxygenated air is driven by an electric fan. A gratifying feature of the

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inspection, states *The Hospital Gazette*, was the presence of many patients who had been cured at the hospital and came to give a practical proof of the merits of its treatment of ulcers, wounds, lupus and consumption.

Ammonium bromide, declares Charteris, is more toxic than the sodium salt. With large doses the predominating action is due to the ammonium, whether the drug be given by the mouth or beneath the skin or by intravenous injection. Large doses may cause convulsions and death from respiratory failure. This drug seems to cause a marked rise of pressure with slowing of the rate and a more powerful beat. With repeated non-toxic doses a bromide action may be produced.

CHINESE SAILORS HAVE BERIBERI.—Eight out of the 56 Chinamen composing the crew of the British steamer Knight of St. George, now at Philadelphia discharging a cargo of sugar from Java, were taken to the Marine Hospital, at the State Quarantine Station at Marcus Hook, suffering from beriberi.

VENEREAL DISEASE IN THE ARMY.—The war department has issued the following general order: "Any soldier who becomes disqualified for service by reason of venereal disease, except in the rare event of the disease being contracted without fault on the part of the soldier, will be regarded as having become disqualified for service physically or in character on surgeon's certificate of disability in the usual manner, but a commander ordering discharge in such a case will direct that the discharge be without honor. Medical officers should, however, bear in mind that these diseases are often amenable to treatment, and should not certify good soldiers for discharge from the service until due effort has been made to remove the disability by proper treatment."

A curious case of ptyalism.—In one of Sahli's cases increased salivation persisted for six months after a single dose of calomel.

THE DELINEATOR FOR MAY.

The May Delineator, with a complete display, pictorial and descriptive, of the latest Spring fashions, contains a wealth of suggestion for those who wish to be smartly gowned, and many other features of interest to women. Hon. Justice David J. Brewer contributes an article on "Woman in the Professions" in which he comments on the significance of the fact that the status of women has changed in the last half century. Miss Winslow's club story, "The President of Quex," drawing near its end, deepens in interest, and the author supplements the installment with a chapter on "Club Women and the Child Labor Question." In "Famous American Songs," Gustav Kobbe gives the story of the origin of the popular air, "Ben Bolt," and in an interesting historical sketch of Annapolis, Hester D. Richardson vividly pictures the romantic interest attached to the spot where the body of John Paul Jones is to rest. Florence Rockwell writes her experiences in playing Shakespearian roles and speaks of the need of a national theatre. Avery Abbott and Juliette B. G. Towne contribute short stories for older folks, and Alice Brown a fairy tale for the little ones. There are other features to delight young folks, including a chapter in the serial "Sunlight and Shadow" and past times by Lina Beard. In the "Campaign for Safe Foods" Mary Hinman Abel writes of preserving materials and commercial sheets. The page devoted to the household are full of suggestions for the kitchen, with many other helpful hints to the housewife.

A GREAT SUNDAY MAGAZINE.

Not only is the news of the whole world covered with unexampled fullness in the Sunday issues of The Chicago Record-Herald, but every edition embraces also an exceedingly choice assortment of illustrated special articles ranking with the highest products of our best magazines. Such well known and popular writers as William E. Curtis and Walter Wellman and Frank G.

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Carpenter are regular contributors to The Chicago Sunday Record-Herald There are many special articles in each issue of particular interest to women, including the latest fashions, household economy, art, music and the drama, etc. There is a beautifully illustrated special sporting section, which not only covers all the news of the sporting world with a thoroughness that satisfies to the utmost, but includes also entertaining departments by such sporting experts as Tim Murnane, who writes of baseball matters; Malachy Hogan, noted for his "Talks on Pugilism," and J. L. Hervey, who conducts the department of "harness horses." The comic section and other entertaining departments round out this mammoth Sunday magazine to the entire satisfaction of its readers.

CONCERNING POISONS.

To call a preparation "Poison" which never acts even unpleasantly, unless taken in greatly excessive doses, is ridiculous, to say the least. Salt in excessive doses is a poison and has often produced death. All food contains the most powerful poisons in minute quantities; for instance, prussic acid in fruits, other poisonous substances in meat, fish, eggs, milk, bread, beer, many vegetables, mineral waters, etc. Therefore these articles of food and drink could more justly be called "Poison" than to call a medicine a poison simply because it contains such drugs or a coal-tar preparation. It is essential that a certain prescribed quantity be exceeded to convert any substance into a poison. However, all drugs which are poisonous when given to human beings in doses of a single grain or less, are commonly called "poisons" and these drugs are the substances that people think of when poison is mentioned. To call other drugs "poisons" is misleading, unjust, and is evidence of pure malice.

Of all dishonorable and unprincipled means to injure an article of trade, be it medicine or other substance, the worst is that which libels its character. Millions upon millions of pounds of the coal-tar preparations have been administered in the past 20 years, with injurious results from overdoses so rare, as to be the the marvel of medical history. The New York Quinine & Chemical Company alone, sells over 100 tons of acetanilid a year. No other potent drug is as safe as these remedies, and those who are attempting, from ulterior motives, to create the impression that they are poisons, are doing an act for which all right minded people ought to and will condem them.

The coal-tar preparations are not poisons as that term is usually understood and every person familiar with medical literature knows—though all may not public admit it—that there are more cases of poisoning by almost every other potent drug, than by all the various coal-tar preparations combined. This, inspite of the fact that there are probably more doses of the coal-tar pain relievers taken every day, than are taken of any other five drugs.

As to Antikamnia, it has been on the market for over 15 years and during all that time, not one well authenticated case of untoward effect has ever been reported where the proper and advised dose was taken. If the coal-tar preparations are poisons, then quinine, mur. ammonia, chlorate of potash, calomel, sodium bicarb, and the bromides, are virulent poisons in comparison, as are many other drugs which are now considered safe remedies, and which are never referred to as Poisons, in the common acceptation of that term.

Ninety crematories are in operation in Europe and America, states a recent report of the French Society for the Encouragement of Cremation, and thus far 125,000 bodies have been incinerated in these institutions. This method of disposing of the dead is becoming very popular in South America.

Be exceedingly careful to use the purest bezoin in creams. To test it put some in water. If pure it will turn the water white as milk.

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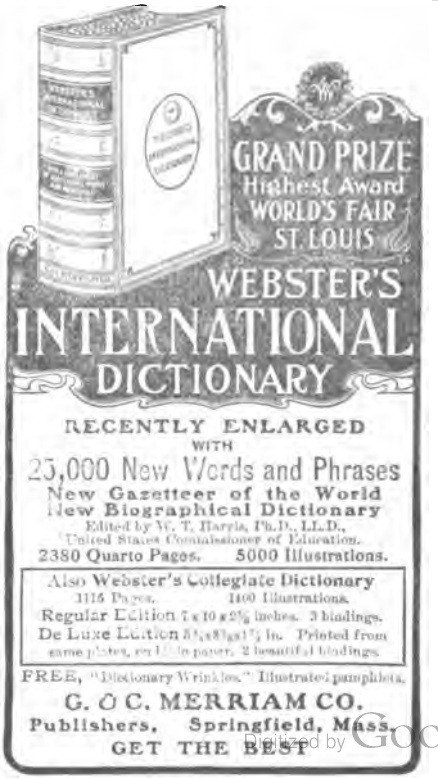
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